

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374600566
Report Date: 08/12/2026
Date Signed: 08/12/2026 01:31:43 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507	
FACILITY EVALUATION REPORT			
FACILITY NAME: REDWOOD TERRACE		FACILITY NUMBER:	374600566
ADMINISTRATOR/LEIF CAMERON		FACILITY TYPE:	741
DIRECTOR:		TELEPHONE:	(760) 747-4306
ADDRESS:	710 WEST 13TH AVENUE	ZIP CODE:	92025
CITY:	ESCONDIDO	STATE: CA	DATE: 08/12/2026
CAPACITY:	210	CENSUS: 164	UNANNOUNCED TIME VISIT/
TYPE OF VISIT:	Required - 1 Year	INSPECTION	09:00 AM
MET WITH: Brittany Eargle - Director of Wellness & Assisted Living		BEGAN: TIME VISIT/	01:35 PM
		INSPECTION	
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Robert Campbell arrived unannounced to conduct an annual
2	inspection. Upon arrival LPA was greeted by facility staff and granted entry. LPA began inspection with
3	introduction and visit purpose. LPA met with Brittany Eargle - Director of Wellness & Assisted Living was
4	advised of the annual and conducted and completed the facility tour.
5	
6	Client Records/Incident Reports/Clients Rights Information: LPA reviewed client records. six (6)
7	records were reviewed. LPA reviewed for identification and emergency information, admission
8	agreement, medical assessment, and TB test results, needs and service plans, placement, functional
9	assessment, centrally stored medication/destruction records, and personal rights notification.
10	
11	Personnel Records/Training/ Staffing/ Administration: LPA reviewed employee records. Six (6)
12	records were reviewed. LPA reviewed employee records for first aid certification, criminal record
13	clearance or an exemption, health screening and TB test results, employee rights, training verification,
14	and current administrative organization. Brittany Eargle, Administrator's certificate expiration date was
15	10/15/2026. The Administrator met all training hour requirements.
16	
17	
18	
19	
20	Food Service: Food prep areas are clean and organized. Food supply meets the requirement of one (1)
21	week supply of nonperishable and two (2) day supply of perishables. Emergency food and water supply
22	is present. There is a location for sharps in the kitchen.
23	Continued on LIC809C
24	
25	

DATE: 08/12/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/12/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
	RIVERSIDE, CA 92507

FACILITY NAME: REDWOOD TERRACE	FACILITY NUMBER: 374600566
	VISIT DATE: 08/12/2026

NARRATIVE	
1	Continued....
2	Physical Plant and Safety of Environment/Operational Requirements: LPA toured the facility inside
3	and outside. LPA observed the facility to be clean and in good repair. The facility is maintained at 77
4	degrees for the client's comfort. Lighting is sufficient for safety. Water temperature measured 117.0
5	degrees F. Laundry is done in the designated laundry room for communal usage. There are some
6	resident's who have a laundry unit in their apartment as well. There is a locked location for storing
7	laundry soap, cleaning supplies and chemicals in the closet in the Utility Room. All outdoor and indoor
8	passageways are free of obstruction. Emergency lighting is available. There is a telephone working at
9	this location. The LIC 610, emergency disaster plan is maintained. There are no firearms at this facility.
10	There are zero (0) fireplaces at this facility. There is one (1) secured and enclosed pool at the facility.
11	LPA observed emergency supplies and each medication room has a first aid kit and required
12	components.
13	
14	Infection Control: The LPA observed the hand washing stations in the facility restrooms and kitchen
15	had hand hygiene supplies and hand washing signs. LPA observed PPE equipment and cleaning
16	supplies to do regular cleaning of the facility. LPA reviewed the facility's infection control plan which met
17	department requirements. LPA reviewed staff records and found that all staff had infection control
18	training.
19	
20	Medications/Health Related Services/Incidental Medical Services: The medications are centrally
21	stored. There is a locked medication carts allocated for medication storage. Centrally stored medication
22	and destruction logs are maintained separately. LPA reviewed on the computer system medication logs
23	and observed that they were dispensed accurately.
24	
25	LPA made observation throughout the inspection process to assess if the facility remains in conformity
26	with the State Fire Marshall regulations. LPA observed smoke detectors and carbon monoxide detectors
27	throughout the facility. The last fire alarm testing was conducted on 06/01/2026. There were eighty-five
28	(85) fire extinguishers on site, date charged was 09/10/2025.
29	
30	
31	Pursuant to Title 22 of The California Code of Regulations Division 6, there are zero (0) deficiencies
32	observed. An exit interview was conducted, this LIC 809 was reviewed with, and a copy of this report
	was provided to Brittany Eargle - Director of Wellness & Assisted Living.

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris	
NAME OF LICENSING PROGRAM ANALYST: Robert Campbell	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/12/2026